STATE OF CALIFORNIA BUSINESS, TRANSPORTATION AND HOUSING AGENCY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT OCCUPATIONAL LICENSING PROGRAM (916) 323-9803

OCCUPATIONAL LICENSE APPLICATION FOR MANUFACTURED HOME/MOBILEHOME/COMMERCIAL COACH MANUFACTURERS, DISTRIBUTORS AND DEALERS (PART C)

| INSTRUCTIONS: | COMPLETE A SEPARATE APPLICATION PART C FOR EACH NEW ESTABLISHED | | | | | | |
|---------------------------------------|--|---------------------------------------|--|-------|----|--|--|
| | PLACE OF BUSINESS FOR THE FOLLOWING TRANSACTIONS: (Check one) | | | | | | |
| | /_/ OBTAIN IN ORIGINAL LICENSE /_/ OBTAIN A LICENSE FOR A SECONDARY LOCATION | | | | | | |
| | | | | | | | |
| | | /_/ TRANSFER A LICEN | ISE TO NEW LOCATION | | | | |
| SECTON 1 -PLACE | OF BUSINESS I | NFORMATION | | | | | |
| FIRM NAME (DBA) | | | | | | | |
| CORPORATE NAME (If | f Applicable) | | | | | | |
| ADDRESS | | | | | | | |
| Number a | nd Street | City | State | Zip | | | |
| SECTION 2 - PROF | PERTY OWNERS | HIP INFORMATION | | | | | |
| PROPERTY OWNER NAME | | | | | | | |
| ADDRESS | | | | | | | |
| | and Street | City | State | Zip | | | |
| SECTION 3- PLAC | E OF BUSINESS | COMPLIANCE CERTIFICA | TION | - | | | |
| | | | pulations, title 25, Chapter 4, Section 5011 (hereinafte | | No | | |
| | | | as the manufacturing area? | Yes_ | No | | |
| NOTE: THE FOL | LLOWING QUEST | TIONS APPLY TO DEALER | AS ONL 1 | | | | |
| 3. Is the office at the | ne listed location to | emporary, transitory or mob | ile in nature? e, mobilehome or commercial | Yes _ | No | | |
| coach for use as | s the office? | tion 18045.8: 25CCR, Section 5013(b). | | Yes _ | No | | |
| 4. Is the office in a r | manufactured hom 0455 and 18045.6: 25CCR, Secti | ne, mobilehome, or commer | cial coach? | Yes _ | No | | |
| If yes, answer th | | e inventory and offered for s | sale while used as an office? | Yes | No | | |
| b. Is the office u | ınit reaistered? | | | Yes | No | | |
| If yes, list the de | cal number issued | by the department | ISC, Section 18551? | | | | |
| c. Is the office in | nstalled on a found | dation system pursuant to F | ISC, Section 18551? | Yes _ | No | | |

| 5. | Is the office in a hotel, rooming house, apart Reference: HSC, Section 18045.5 and 180456; 2SCCR. Section 5013. | tment, single or multip | e ramily dwelling? | Yes No | |
|----------|--|--|---|---|---|
| | If yes, answer the following: a. Is the room to be used as the office development. | oted exclusively to the | affairs of the business? | Yes No | |
| | b. Is the room on the ground floor? | | | Yes No | |
| | c. Is there an entrance to the office directly | y from the exterior of th | ne dwelling? | Yes No | |
| SE | ECTION 3 - PLACE OF BUSINESS COMPL | IANCE CERTIFICATION | ON (continued) | | _ |
| 6. | Does the zoning authority allow for a manufactor coach sales operation for the listed location List the name, address and telephone number manufactured homes, mobilehomes, or contact the company and the com | n? ber of the zoning autho mmercial coaches at th | ority from which you receive e listed business location: | ed approval to sell | |
| | AGENCY NAME | | TELEPHONE (_ |) | |
| | ADDRESSNumber and Street | City | Sate | Zip | |
| SE | ECTION 4 - PARTICIPATING OFFICER CEI | RTIFICATION | | | _ |
| 1 | | , certify u | nder penalty of perjury that | the forgoing | |
| | information is true and correct and accurate | ely describes the listed | business location. | | |
| S | SIGNATURE | TITLE | DAT | E | |
| | | | | | |
| Ε | EXECUTED IN THE COUNTY OF | | STATE OF | | - |
| _ | EXECUTED IN THE COUNTY OF | | STATE OF | | |
| _ | SECTION 5 - NOTICE AND ACKNOWLEDG | MENT I, the department will be rary Permit may be issorary Permit will, howe | egin an investigation of the ued allowing operation for ver, be canceled if the inve | e information and up to 120 days while estigation reveals the | |
| <u>S</u> | After acceptance of a complete application items provided by the applicant. A Tempor the investigation is completed. The Tempor | MENT I, the department will be rary Permit may be issorary Permit will, howe audulent, or that matter m 1 above, a Department | egin an investigation of the ued allowing operation for ver, be canceled if the inve s exist disqualifying the ap | e information and up to 120 days while estigation reveals the plicant(s). | |
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MAIL COMPLETED APPLICATION TO: Department of Housing and Community Development
Division of Codes and Standards
Manufactured Housing Programs
Occupational Licensing
P. 0. Box 31

Sacramento, CA 95812-0031